

Case Number:	CM14-0146172		
Date Assigned:	09/12/2014	Date of Injury:	08/28/2012
Decision Date:	10/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female whose date of injury is 08/28/2012. The mechanism of injury is described as lifting something heavy with her right arm. Treatment to date includes right elbow cortisone injection on 04/17/13, physical therapy, and right arm injection on 02/26/14. Diagnosis is right elbow pain/tendinitis. Note dated 06/27/14 indicates that the injured worker complains of intermittent moderate sharp right elbow pain with numbness and tingling. There is tenderness to palpation of the lateral epicondyle. Cozen's causes pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, physical therapy

Decision rationale: The request is nonspecific and does not indicate the frequency and duration of the requested treatment. There are no objective measures of improvement from prior physical therapy submitted for review to establish efficacy of treatment and support additional sessions in

accordance with the Official Disability Guidelines. There are no specific, time-limited treatment goals provided. Therefore, the request for physical therapy (quantity unspecified) is not medically necessary and appropriate.

Acupuncture (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration of the requested treatment. There are no specific, time-limited treatment goals provided. Therefore, medical necessity is not established in accordance with CA MTUS Acupuncture Guidelines.

Shockwave Therapy for the Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT)

Decision rationale: The request is nonspecific and does not indicate the frequency and duration of the requested treatment. The Official Disability Guidelines note that shockwave therapy is not recommended for treatment of the elbow. The Official Disability Guidelines report that high energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. Therefore, the request for shockwave therapy for the right elbow is not medically necessary and appropriate.